

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED LEUNG, CHO SUM		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:03-000024-001		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. LEUNG		8. PAYMENT CATEGORY Felony	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE	

## 12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby

☐ Authorization to obtain the service. Estimated Compensation: \$ \_\_\_\_\_ OR☐ Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500.)

Signature of Attorney

Date

☐ Panel Attorney ☐ Retained Atty ☐ Pro-Se ☐ Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

Telephone Number: \_\_\_\_\_

**FILED**  
DISTRICT COURT OF GUAM

AUG 25 2006

MARY L.M. MORAN  
CLERK OF COURT

## 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

## 14. TYPE OF SERVICE PROVIDER

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Investigator                         | 20 <input type="checkbox"/> Legal Analyst/Consultant                |
| 02 <input checked="" type="checkbox"/> Interpreter/Translator    | 21 <input type="checkbox"/> Jury Consultant                         |
| 03 <input type="checkbox"/> Psychologist                         | 22 <input type="checkbox"/> Mitigation Specialist                   |
| 04 <input type="checkbox"/> Psychiatrist                         | 23 <input type="checkbox"/> Duplication Services (See Instructions) |
| 05 <input type="checkbox"/> Polygraph Examiner                   | 24 <input type="checkbox"/> Other (specify) _____                   |
| 06 <input type="checkbox"/> Documents Examiner                   |   |
| 07 <input type="checkbox"/> Fingerprint Analyst                  |   |
| 08 <input type="checkbox"/> Accountant                           |   |
| 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)            |   |
| 10 <input type="checkbox"/> Chemist/Toxicologist                 |   |
| 11 <input type="checkbox"/> Ballistics Expert                    |   |
| 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert    |   |
| 13 <input type="checkbox"/> Pathologist/Medical Examiner         |   |
| 14 <input type="checkbox"/> Other Medical Expert                 |   |
| 15 <input type="checkbox"/> Voice/Audio Analyst                  |   |
| 16 <input type="checkbox"/> Hair/Fiber Expert                    |   |
| 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) |   |
| 18 <input type="checkbox"/> Paralegal Services                   |   |
| 19 <input type="checkbox"/>                                      |   |

## 15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ YES ☐ NO

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			

## 17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS

TIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_

CLAIM STATUS ☐ Final☐ Interim Payment Number \_\_\_\_\_☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: \_\_\_\_\_

Date: \_\_\_\_\_

## 18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.			
Signature of Presiding Judicial Officer		Judge/Mag. Judge Code	
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)			
Signature of Chief Judge, Court of Appeals (or Delegate)		Judge Code	